## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO./ 10/593888 FILITE 8 MAY 2007

APPLICANT(S

## **CLAIMS**

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TOTAL DEP.		<b>*</b>		<b>4</b>		<b>4</b>	
TOTAL CLAIMS							
		- Address -		7,575,344			

U.S. DEPARTMENT of COMMERCE stent and Trademark Office